

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/17/2020
NAME OF PROVIDER OR SUPPLIER QHC HUMBOLDT NORTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1111 11TH AVE NORTH HUMBOLDT, IA 50548		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS Corrected date _____ A complaint revisit survey completed 9/16/20 - 9/17/20 resulted in the following deficiencies. See Code of Federal Regulations (42CFR) Part 482, Subpart B-C.	{F 000}			
{F 580} SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment	{F 580}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 580}	<p>Continued From page 1</p> <p>as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to notify the physician of changes for 1 of 5 residents reviewed (Resident #5). The facility reported a census of 46.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) completed with an Assessment Reference Date (ARD) of 7/1/20 showed a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. The resident required extensive assistance of one staff with toileting and personal hygiene. The resident used an indwelling catheter for urinary elimination. The resident had diagnoses of urine retention, benign prostatic hyperplasia (BPH) without lower urinary tract symptoms, and acute cystitis without hematuria.</p>	{F 580}			

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{F 580}	<p>Continued From page 2</p> <p>Record review</p> <p>The Physician Fax Form dated 9/3/20, showed the resident's catheter was changed. The resident complained of pain with the removal and insertion of the catheter. The penis showed redness and a red streak to the base. The Advanced Registered Nurse Practitioner (ARNP) responded they would see the resident that day.</p> <p>The Physician Visit Progress Note dated 9/3/20 showed the nurse reported the resident complained of pain during their catheter change that morning with a red streak going up the penis shaft. Upon assessing the penis, the resident became agitated and complained of discomfort when the catheter tubing moved. The assessment showed the resident had cellulitis of the penis and a chronic indwelling catheter. The plan for new orders was to start Cephalexin 500 milligrams (mg) three times a day for ten days, and staff to report new or worsening symptoms. The follow-up plan was to follow-up in one week to ensure the infection's signs and symptoms were improving or resolved, or sooner as needed (PRN). The staff was encouraged to call with any worsening signs, symptoms, or concerns. The physical exam showed erythema and tenderness present in the penis. The resident's white blood cell (WBC) count was 4.69 on 9/2/20.</p> <p>On 9/4/20 at 1:16 AM, the Nursing Note showed the resident started cephalexin. The Certified Nurses Aide (CNA) and Certified Medication Aide (CMA) stated the resident had diarrhea that afternoon/evening before starting the antibiotic. The catheter was changed in the afternoon, with not enough output to measure at 6:00 PM. At 10:00 PM, there was approximately 250 milliliters</p>	{F 580}			

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{F 580}	<p>Continued From page 3</p> <p>(ml) of urine in the bag. The urine was a medium yellow with thin strips of medium to dark red blood throughout. The resident remained afebrile with a temperature of 97.5 degrees Fahrenheit (F).</p> <p>On 9/6/20 at 10:58 AM, the Nursing Note showed a call placed to the resident's son to receive consent for COVID-19 test. The son gave consent to test the resident on Tuesday and as needed during an outbreak.</p> <p>On 9/9/20 at 5:22 AM, the Nursing Note showed the resident found sitting on the floor in the room with back resting on the bed. The resident had no complaints during the physical assessment. Three staff assisted to stand the resident with no issues noted. The resident's range of motion (ROM) as per usual. The resident could stand and bear weight without issues with no redness or bruising noted to the hips. No observed lengthening or shortening was noted to the extremities with no redness noted. The resident denied any pain and was confused per usual. The resident's handgrips were equal and denied dizziness. The resident's pupils were equal, round, and reactive to light and accommodation (PERRLA). The resident had gripper socks on and a walker nearby. The new intervention initiated a personal alarm on the resident while in bed while resident on antibiotics (ATB) related to increased confusion with urinary tract infection (UTI). The ARNP was updated.</p> <p>On 9/10/20 at 2:30 AM, the Nursing Note explained the resident continued the ATB. The resident's skin color to the genital and perineal area was pink, with no blood in the catheter bag. The resident denied feeling unwell. The resident's</p>	{F 580}			

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{F 580}	<p>Continued From page 4 temperature was 97.9 F.</p> <p>On 9/10/20 at 5:51 AM, the Nursing Note indicated that morning during the medication pass around 5:40 AM; the resident had audible wheeze with no cough noted. The resident had vital signs of a temperature of 97 F, a pulse of 77, respirations 24, a blood pressure of 128/78, and an oxygen saturation of 94% on room air.</p> <p>The Long-Term Care Progress Note - Routine Visit dated 9/10/20, showed the chief complaint was a follow-up of the penis cellulitis. The history of the present illness (HPI) showed the resident was started on cephalexin the week before for cellulitis of the penis when the staff noted a red streak going up the shaft of the penis. At the time of the visit on 9/3/20, the resident's urine was clear with a normal WBC count on 9/2/20. Since the last visit, the staff noted increased weakness. The staff reported the resident fell with no major injuries but had become gradually weaker. The staff noticed a decrease in oral intake as the resident refused to eat a few meals during the week. The resident had decreased urine output during the overnight hours with elevated temperatures as high as 99.7 F. The resident had a negative test for the novel coronavirus 2019 (COVID-19) on 9/7/20. The staff could not report if the resident's signs and symptoms of the cellulitis to the penis improved. The staff had no further concerns. The assessment showed the following concerns.</p> <ol style="list-style-type: none"> 1. Weakness 2. Encounter for Palliative Care 3. Milky urine 4. Decreased oral intake 5. Cellulitis of shaft of the penis 6. Fall, initial encounter 	{F 580}			

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{F 580}	<p>Continued From page 5</p> <p>The plan stated to continue on cephalexin for the cellulitis of the penis with significant improvement in symptoms. Due to the increased weakness, decreased oral intake, and a fall that occurred a few days ago, plan to draw lab and have staff obtain a urine culture. The follow-up plan showed the ARNP planned to follow-up in one week due to weakness, milky urine, decreased appetite, or sooner PRN. The staff was encouraged to call with any worsening signs, symptoms, or concerns. The Physical Exam showed the penis without erythema but with milky colored urine leaking around the catheter.</p> <p>On 9/10/20 at 11:46 AM, the Nursing Note showed the resident was seen during rounds by the ARNP. Upon evaluation by the ARNP, the resident had copious amounts of white/yellowish discharge leaking around the catheter. A new order was received for a urine culture, a complete blood count with differential (CBCD), and a comprehensive metabolic panel (CMP) to be done on 9/10/20. The nurse changed the current catheter with 16 French (Fr) catheter and obtained a urine sample for the ordered urine culture. The nurse got a return of 1200 ml of golden to amber-colored urine that was cloudy and very foul-smelling. The facility was waiting for the lab to come and obtain a blood sample.</p> <p>The New Orders form dated 9/10/20 showed new orders for a urinalysis (UA) with a culture, CBCD, and a CMP to be done on 9/10/20.</p> <p>The CBCD results completed on 9/10/20 showed the WBC count of 9.46 with a reference range of 4.0 - 10.5. The result notes showed the results were reviewed. Staff was to encourage fluids while awaiting the results of the urine culture. The</p>	{F 580}			

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{F 580}	<p>Continued From page 6</p> <p>WBC count was within normal limits but higher than it was eight days ago.</p> <p>On 9/10/20 at 3:35 PM, the Nursing Note indicated a return fax received from the lab with results for the CBCD and the CMP showing no new orders at the time.</p> <p>On 9/10/20 at 4:01 PM, the Nursing Note explained a return fax received from the ARNP showed results from the CBCD and CMP. The ARNP stated the results were reviewed, and the staff was to encourage fluids. The ARNP stated they were waiting for the results of the culture. The ARNP's nurse stated that Resident #5's son was aware of the results and that WBC was still within normal limits, but higher than eight days ago. The ARNP's nurse stated the son was informed they were waiting for the culture results.</p> <p>On 9/12/20 at 12:23 AM, the Nursing Note indicated the resident continued cephalexin. A puss-like substance was observed in the urine collection bag. The resident denied pain. The nurse was waiting for the culture and sensitivity (C&S) of the UA. The resident had a temperature of 97.5 F.</p> <p>On 9/13/20 at 1:02 AM, the Nursing Note showed the resident continued ATB's with a temperature of 98.2 F. The urine output was cloudy in the urine bag.</p> <p>On 9/13/20 at 1:57 PM, the Nursing Note showed the UA Culture returned with the following noted: 1. greater than (>) 100,000 colony-forming unit (CFU) / ML of Proteus Mirabilis 2. 30000 CFU/ML of Enterococcus Faecalis 3. 100000 CFU/ML of Pseudomonas Aeruginosa.</p>	{F 580}			

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{F 580}	<p>Continued From page 7</p> <p>On 9/13/20 at 11:48 PM, the Nursing Note explained the resident finished the cephalexin. The resident's temperature was 98 F, and the resident continued to have pain and discharge around the catheter.</p> <p>On 9/14/20 at 2:47 PM, the Nursing Note explained the facility received a return fax from the ARNP with results from the urine culture on 9/10/2020. The ARNP stated results were reviewed and to continue on the cephalexin.</p> <p>On 9/14/20 at 4:25 PM, the Nursing Note indicated the resident was seen during rounds that afternoon by the ARNP. New orders received were as follows: 1. Ciprofloxacin 500 mg extended-release (ER) every day for five days 2. Probiotic everyday 3. Apply a protective ointment to the reddened areas of groin twice daily and PRN.</p> <p>The New Orders form dated 9/14/20 showed the ARNP gave orders for Ciprofloxacin 500 mg ER every twenty-four hours for five days, a probiotic daily, and apply the protective ointment to the reddened areas of the groin twice daily and PRN.</p> <p>The Laboratory Results noted on 9/14/20 showed the UA Culture returned with the following noted: 1. greater than (>) 100,000 colony-forming unit (CFU) / ML of Proteus Mirabilis 2. 30000 CFU/ML of Enterococcus Faecalis 3. 100000 CFU/ML of Pseudomonas Aeruginosa. The result notes for the urine culture showed the results were reviewed, and the resident continued on cephalexin.</p> <p>A Care Plan problem dated 9/16/20, indicated an</p>	{F 580}			

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{F 580}	<p>Continued From page 8</p> <p>alteration in urinary elimination using an indwelling catheter-related diagnosis of BPH and urinary retention. The resident was admitted with a history of urethral erosion from the catheter. On 9/16/20, an ATB was ordered. The Care Plan problem included the following interventions.</p> <ol style="list-style-type: none"> 1. History of a UTI, Encourage fluids as long as not contraindicated. May offer cranberry juice PRN. Probiotic as ordered dated 9/15/20. 2. Monitor urethral erosion weekly for symptoms of bleeding, swelling, and pain dated 6/2/19. 3. Monitor, document, and report PRN signs or symptoms of a UTI such as foul-smelling urine, cloudy, dark, concentrated urine, low back pain, and changes in mental status or alertness. Report to the nurse or provider if symptoms were noted dated 2/5/19. <p>With a revision date of 2/22/19, the Care Plan included a problem that showed the resident had a self-care deficit related to impaired cognitive status. The resident had a diagnosis of cardiomegaly, atrial fibrillation, and sleep apnea. The Care Plan problem included the following interventions.</p> <ol style="list-style-type: none"> 1. Report to the nurse any unusually foul-smelling urine, complaints of pain or discomfort with urination, frequency, and/or urgency to nurse or provider dated 2/22/19. 2. The resident was able to recognize and voice the need to use the toilet. Staff was to assist the resident to the toilet per their request and PRN. The staff was to report the catheter leaking or involuntary episodes dated 2/22/19. <p>During interview on 9/17/20 at 11:20 AM, the ARNP explained that unless the staff was specifically asked for things, not everything got done. The ARNP said they tended to follow-up</p>	{F 580}			

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{F 580}	Continued From page 9 more frequently with the residents due to not always getting all the information from the facility. The ARNP said when they asked the staff about the resident's condition, no one knew what was going on. Until the ARNP saw the resident on 9/10/20, they were unaware of any concerns with the resident's urine. Then when they stood the resident up to assess the penis, urine was leaking around the catheter. The ARNP stated the communication regarding the resident's conditions had not improved since 7/20. The ARNP said the staff should be assessing the resident's urine if the resident had those conditions.	{F 580}			
{F 684} SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide adequate assessment and timely intervention for a resident with a change in condition 1 of 6 residents reviewed (Resident #5). The facility reported a census of 46.	{F 684}			

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{F 684}	<p>Continued From page 10</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) completed with an Assessment Reference Date (ARD) of 7/1/20 showed a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. The resident required extensive assistance of one staff with toileting and personal hygiene. The resident used an indwelling catheter for urinary elimination. The resident had diagnoses of urine retention, benign prostatic hyperplasia (BPH) without lower urinary tract symptoms, and acute cystitis without hematuria.</p> <p>A Physician Fax Form dated 9/3/20, showed the resident's catheter was changed. The resident complained of pain with the removal and insertion of the catheter. The penis showed redness and a red streak to the base. The Advanced Registered Nurse Practitioner (ARNP) responded they would see the resident that day.</p> <p>The Physician Visit Progress Note dated 9/3/20, showed the nurse reported the resident complained of pain during their catheter change that morning with a red streak going up the penis shaft. Upon assessing the penis, the resident became agitated and complained of discomfort when the catheter tubing moved. The assessment showed the resident had cellulitis of the penis and a chronic indwelling catheter. The plan for new orders was to start Cephalexin 500 milligrams (mg) three times a day for ten days, and staff to report new or worsening symptoms. The follow-up plan was to follow-up in one week to ensure the infection's signs and symptoms were improving or resolved, or sooner as needed (PRN). The staff was encouraged to call with any</p>	{F 684}			

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{F 684}	<p>Continued From page 11</p> <p>worsening signs, symptoms, or concerns. The physical exam showed erythema and tenderness present in the penis. The resident's white blood cell (WBC) count was 4.69 on 9/2/20.</p> <p>On 9/4/20 at 1:16 AM, the Nursing Note showed the resident started cephalexin. The Certified Nurses Aide (CNA) and Certified Medication Aide (CMA) stated the resident had diarrhea that afternoon/evening before starting the antibiotic. The catheter was changed in the afternoon, with not enough output to measure at 6:00 PM. At 10:00 PM, there were approximately 250 milliliters (ml) of urine in the bag. The urine was a medium yellow with thin strips of medium to dark red blood throughout. The resident remained afebrile with a temperature of 97.5 degrees Fahrenheit (F).</p> <p>On 9/7/20 at 6:39 PM, the Order Note explained the resident continued on an oral antibiotic for the irritation to the penis with no changes or complaints.</p> <p>On 9/9/20 at 5:22 AM, the Nursing Note showed the resident found sitting on the floor in the room with back resting on the bed. The resident had no complaints during the physical assessment. Three staff assisted in standing the resident with no issues noted-the resident's range of motion (ROM) as per usual. The resident could stand and bear weight without issues with no redness or bruising noted to the hips. No observed lengthening or shortening was noted to the extremities with no redness noted. The resident denied any pain and was confused per usual. The resident's handgrips were equal and denied dizziness. The resident's pupils were equal, round, and reactive to light and accommodation</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2020
FORM APPROVED
OMB NO. 0938-0391

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{F 684}	<p>Continued From page 12</p> <p>(PERRLA). The resident had gripper socks on and a walker nearby. The new intervention initiated a personal alarm on the resident while in bed while resident on antibiotics (ATB) related to increased confusion with urinary tract infection (UTI). The ARNP was updated.</p> <p>On 9/10/20 at 2:30 AM, the Nursing Note explained the resident continued the ATB. The resident's skin color to the genital and perineal area was pink, with no blood in the catheter bag. The resident denied feeling unwell. The resident's temperature was 97.9 F.</p> <p>On 9/10/20 at 5:51 AM, the Nursing Note indicated that morning during the medication pass around 5:40 AM; the resident had audible wheeze with no cough noted. The resident had vital signs of a temperature of 97 F, a pulse of 77, respirations of 24, a blood pressure of 128/78, and an oxygen saturation of 94% on room air.</p> <p>The Long-Term Care Progress Note - Routine Visit dated 9/10/20 showed the chief complaint was a follow-up of the penis cellulitis. The history of the present illness (HPI) showed the resident was started on cephalexin the week before for cellulitis of the penis when the staff noted a red streak going up the shaft of the penis. At the time of the visit on 9/3/20, the resident's urine was clear with a normal WBC count on 9/2/20. Since the last visit, the staff noted increased weakness. The staff reported the resident fell with no major injuries but had become gradually weaker. The staff noticed a decrease in oral intake as the resident refused to eat a few meals during the week. The resident had decreased urine output during the overnight hours with elevated temperatures as high as 99.7 F. The resident had</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 13</p> <p>a negative test for the novel coronavirus 2019 (COVID-19) on 9/7/20. The staff could not report if the resident's signs and symptoms of the cellulitis to the penis improved. The staff had no further concerns. The assessment showed the following concerns.</p> <ol style="list-style-type: none"> 1. Weakness 2. Encounter for Palliative Care 3. Milky urine 4. Decreased oral intake 5. Cellulitis of shaft of the penis 6. Fall, initial encounter <p>The plan stated to continue on cephalexin for the cellulitis of the penis with significant improvement in symptoms. Due to the increased weakness, decreased oral intake, and a fall that occurred a few days ago, plan to draw lab and have staff obtain a urine culture. The follow-up plan showed the ARNP planned to follow-up in one week due to weakness, milky urine, decreased appetite, or sooner PRN. The staff was encouraged to call with any worsening signs, symptoms, or concerns. The Physical Exam showed the penis without erythema but with milky colored urine leaking around the catheter.</p> <p>On 9/10/20 at 11:46 AM, the Nursing Note showed the resident was seen during rounds by the ARNP. Upon evaluation by the ARNP, the resident had copious amounts of white/yellowish discharge leaking around the catheter. A new order was received for a urine culture, a complete blood count with differential (CBCD), and a comprehensive metabolic panel (CMP) to be done on 9/10/20. The nurse changed the current catheter with 16 French (Fr) catheter and obtained a urine sample for the ordered urine culture. The nurse got a return of 1200 ml of golden to amber-colored urine that was cloudy</p>	{F 684}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 14</p> <p>and very foul-smelling. The facility was waiting for the lab to come and obtain a blood sample.</p> <p>The New Orders form dated 9/10/20 showed new orders for a urinalysis (UA) with a culture, CBCD, and a CMP to be done on 9/10/20.</p> <p>The CBCD results completed on 9/10/20 showed the WBC count of 9.46 with a reference range of 4.0 - 10.5. The result notes showed the results were reviewed. Staff was to encourage fluids while awaiting the results of the urine culture. The WBC count was within normal limits but higher than it was eight days ago.</p> <p>On 9/10/20 at 3:35 PM, the Nursing Note indicated a return fax received from the lab with results for the CBCD and the CMP showing no new orders at the time.</p> <p>On 9/10/20 at 4:01 PM, the Nursing Note explained a return fax received from the ARNP showed results from the CBCD and CMP. The ARNP stated the results were reviewed, and the staff was to encourage fluids. The ARNP stated they were waiting for the results of the culture. The ARNP's nurse stated that Resident #5's son was aware of the results and that WBC was still within normal limits, but higher than eight days ago. The ARNP's nurse stated that the son was informed they were waiting for the culture results.</p> <p>On 9/12/20 at 12:23 AM, the Nursing Note indicated the resident continued cephalexin. A puss-like substance was observed in the urine collection bag. The resident denied pain. The nurse was waiting for the culture and sensitivity (C&S) of the UA. The resident had a temperature of 97.5 F.</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2020
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{F 684}	<p>Continued From page 15</p> <p>On 9/13/20 at 1:02 AM, the Nursing Note showed the resident continued ATBs with a temperature of 98.2 F. The urine output was cloudy in the urine bag.</p> <p>On 9/13/20 at 1:57 PM, the Nursing Note showed the UA Culture returned with the following noted: 1. greater than (>) 100,000 colony-forming unit (CFU) / ML of Proteus Mirabilis 2. 30000 CFU/ML of Enterococcus Faecalis 3. 100000 CFU/ML of Pseudomonas Aeruginosa.</p> <p>On 9/13/20 at 11:48 PM, the Nursing Note explained the resident finished the cephalexin. The resident's temperature was 98 F, and the resident continued to have pain and discharge around the catheter.</p> <p>On 9/13/20 at 9:51 PM, the Orders - Administrative Note indicated the nurse monitored the urethral erosion weekly for bleeding, swelling, pain, infection signs, and symptoms every Sunday at bedtime. The nurse documented the resident's penis was more pink and tender than usual, with a scant amount of green drainage seen around the catheter. The lab results showed that cephalexin, the antibiotic the resident finished earlier that day, was not listed as one of the tested medications against the bacteria. The ARNP would see the resident during rounds on 9/14/20.</p> <p>On 9/14/20 at 2:47 PM, the Nursing Note explained the facility received a return fax from the ARNP with results from the urine culture on 9/10/2020. The ARNP stated that results were reviewed and to continue on the cephalexin.</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 16</p> <p>On 9/14/20 at 4:25 PM, the Nursing Note indicated the resident was seen during rounds that afternoon by the ARNP. New orders received were as follows: 1. Ciprofloxacin 500 mg extended-release (ER) every day for five days 2. Probiotic everyday 3. Apply a protective ointment to the reddened areas of groin twice daily and PRN.</p> <p>The New Orders form dated 9/14/20, showed the ARNP gave orders for Ciprofloxacin 500 mg ER every twenty-four hours for five days, a probiotic daily, and apply the protective ointment to the reddened areas of the groin twice daily and PRN.</p> <p>The Laboratory Results noted on 9/14/20 showed the UA Culture returned with the following noted: 1. greater than (>) 100,000 colony-forming unit (CFU) / ML of Proteus Mirabilis 2. 30000 CFU/ML of Enterococcus Faecalis 3. 100000 CFU/ML of Pseudomonas Aeruginosa. The result notes for the urine culture showed the results were reviewed, and the resident continued on cephalexin.</p> <p>The Respiratory Infection Screener lacked assessment information related to urinary symptoms. The resident's assessments tab lacked completed assessments on the following dates 9/3/20, 9/7/20, 9/14/20, and 9/15/20 after the initial assessment by the ARNP for an infection.</p> <p>The Infection Control Log for the month of 9/20 showed the resident twice on the log with a UTI. The first UTI showed the infection-related diagnosis was a red streak on the shaft of the penis. The second indicated the related diagnosis was discharge at the catheter with an odor. The</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 17 catheter was changed on 9/3/20 and 9/10/20.</p> <p>The Documentation Survey for the month of 9/20 showed the urinary output on 9/10/20 of 1700 ml on the 6:00 AM - 2:00 PM shift and 250 ml during the 2:00 PM - 10:00 PM.</p> <p>The resident's record lacked documentation related to daily assessments related to the resident's cellulitis or urinary symptoms.</p> <p>Resident #5 has a Care Plan problem dated 9/16/20, that indicated an alteration in urinary elimination using an indwelling catheter-related diagnosis of BPH and urinary retention. The resident was admitted with a history of urethral erosion from the catheter. On 9/16/20, an ATB was ordered. The Care Plan problem included the following interventions.</p> <ol style="list-style-type: none"> 1. History of a UTI, Encourage fluids as long as not contraindicated. May offer cranberry juice PRN. Probiotic as ordered dated 9/15/20. 2. Monitor urethral erosion weekly for symptoms of bleeding, swelling, and pain dated 6/2/19. 3. Monitor, document, and report PRN signs or symptoms of a UTI such as foul-smelling urine, cloudy, dark, concentrated urine, low back pain, and changes in mental status or alertness. Report to the nurse or provider if symptoms were noted dated 2/5/19. <p>A Care Plan problem with a revision date of 2/22/19, showed the resident had a self-care deficit related to impaired cognitive status. The resident had a diagnosis of cardiomegaly, atrial fibrillation, and sleep apnea. The Care Plan problem included the following interventions.</p> <ol style="list-style-type: none"> 1. Report to the nurse any unusually foul-smelling urine, complaints of pain or discomfort with 	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 18</p> <p>urination, frequency, and/or urgency to nurse or provider dated 2/22/19.</p> <p>2. The resident was able to recognize and voice the need to use the toilet. Staff was to assist the resident to the toilet per their request and PRN. The staff was to report the catheter leaking or involuntary episodes dated 2/22/19.</p> <p>During interview on 9/17/20 at 10:01 AM, Staff A, Registered Nurse (RN), stated that assessments were completed in the computer. They use the nurse report sheet indicating who needed to be charted on. Staff A showed the surveyor the Nursing Communication sheet with the resident's name on it, showing the resident was to be assessed for the use of antibiotics.</p> <p>On 9/17/20 at 11:20 AM, the ARNP explained that unless the staff was specifically asked for things, not everything got done. The ARNP said they tended to follow-up more frequently with the residents due to not always getting all the information from the facility. The ARNP stated they weren't sure if the infection would be detrimental to the resident because they were treating the resident for the cellulitis in the penis and the cultures showed it should've covered the UTI. The ARNP said when they asked the staff about the resident's condition, no one knew what was going on. Until the ARNP saw the resident on 9/10/20, they were unaware of any concerns with the resident's urine. Then when they stood the resident up to assess the penis, urine was leaking around the catheter. The ARNP stated the communication regarding the resident's conditions had not improved since 7/20. The ARNP said the staff should be assessing the resident's urine if the resident had those conditions.</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	Continued From page 19 On 9/17/20 at 2:07 PM, the Infection Preventionist said they would expect the staff to document the resident's affected area's appearance and would expect the staff to assess the resident's urine. The Infection Preventionist stated they thought the antibiotic was for a UTI, not cellulitis, as they just learned that day the resident had cellulitis. The Infection Preventionist stated the facility needed to work on their communication with the Doctor's office, too. The Quality Assurance: Antimicrobial Stewardship Program dated 3/25/19 stated the best practice guidelines would include improving the evaluation and communication of clinical signs and symptoms when a resident was first suspected of having an infection, optimizing the use of diagnostic testing, then implementing an "antibiotic time-out" for all antibiotics prescribed in the facility. The standards would include improving the evaluation and communication of clinical signs and symptoms when a resident was first suspected of having an infection. The Antimicrobial Stewardship Program Team would assess information, audit findings, and ensure that proper data collection and documentation was completed.	{F 684}			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 20</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable 	F 880			

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F 880	<p>Continued From page 21</p> <p>disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to follow appropriate infection control protocols to prevent the spread of Novel Coronavirus 2019 (COVID-19). The facility reported a census of 46 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) completed for Resident #5 with an Assessment Reference Date (ARD) of 7/1/20 showed a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. The resident required extensive assistance of one staff with toileting and personal hygiene. The resident used an indwelling catheter for urinary elimination. The resident had diagnoses of urine retention, benign prostatic hyperplasia (BPH) without lower urinary tract symptoms, and acute cystitis without</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 22 hematuria.</p> <p>The Respiratory Infection Screener lacked completion on the following dates: 8/20/20, 8/22/20, 8/23/20, 8/24/20, 8/25/20, 8/28/20, 8/31/20, 9/3/20, 9/7/20, 9/14/20, and 9/15/20.</p> <p>The resident's record lacked additional screenings to rule out COVID-19.</p> <p>2. The MDS completed for Resident #1 with an ARD of 7/23/20 showed a BIMS score of 9, indicating moderate cognitive impairment. The resident had diagnoses of sleep apnea, unspecified, paroxysmal atrial fibrillation, and atherosclerotic heart disease of the native coronary artery without angina pectoris.</p> <p>The Respiratory Infection Screener lacked completion on the following dates: 8/20/20, 8/24/20, 8/25/20, 8/28/20, 8/31/20, 9/3/20, 9/7/20, 9/14/20, and 9/15/20.</p> <p>The resident's record lacked additional screenings to rule out COVID-19.</p> <p>3. The MDS completed for Resident #3 with an ARD of 7/22/20 showed a BIMS score of 15, indicating intact cognition. The resident had diagnoses of cerebral infarction without residual deficits, personal history of urinary (tract) infections, and other specified hypothyroidism.</p> <p>The Respiratory Infection Screener lacked completion on the following dates: 8/17/20, 8/18/20, 8/19/20, 8/31/20, 9/3/20, 9/7/20, 9/10/20, 9/14/20, and 9/15/20.</p> <p>The resident's record lacked additional</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/17/2020
NAME OF PROVIDER OR SUPPLIER QHC HUMBOLDT NORTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1111 11TH AVE NORTH HUMBOLDT, IA 50548		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 23 screenings to rule out COVID-19.</p> <p>4. The MDS completed for Resident #6 with an ARD of 8/19/20 showed a BIMS score of 15, indicating intact cognition. The resident had diagnoses of pleural effusion, not elsewhere classified, chronic atrial fibrillation, unspecified, and pneumonia, unspecified organism.</p> <p>On 9/17/20 at 10:51 AM, observed Staff A, Registered Nurse (RN), wearing goggles with a face mask covering their mouth with nose exposed while completing the resident's dressing change.</p> <p>The Respiratory Infection Screener lacked completion on the following dates: 8/27/20, 8/28/20, 8/31/20, 9/2/20, 9/14/20, and 9/15/20.</p> <p>The resident's record lacked additional screenings to rule out COVID-19.</p> <p>5. The MDS completed for Resident #7 with an ARD of 8/12/20 showed a BIMS score of 2, indicating severe cognitive impairment. The resident had diagnoses, vitamin d deficiency, unspecified, and schizophrenia, unspecified.</p> <p>The Respiratory Infection Screener lacked completion on the following dates: 8/17/20, 8/19/20, 8/24/20, 8/25/20, 8/26/20, 8/28/20, 8/31/20, 9/2/20, 9/10/20, 9/14/20, and 9/15/20.</p> <p>The resident's record lacked additional screenings to rule out COVID-19.</p> <p>6. The MDS completed for Resident #8 with an ARD of 7/8/20 showed a BIMS score of 15, indicating intact cognition. The resident had</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/17/2020
NAME OF PROVIDER OR SUPPLIER QHC HUMBOLDT NORTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1111 11TH AVE NORTH HUMBOLDT, IA 50548		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 24</p> <p>diagnoses of morbid (severe) obesity due to excess calories, schizophrenia, unspecified, suicidal ideations, and type 2 diabetes mellitus without complications.</p> <p>The Respiratory Infection Screener lacked completion on the following dates: 8/20/20, 8/23/20, 8/24/20, 8/25/20, 8/28/20, 8/31/20, 9/3/20, 9/7/20, 9/14/20, and 9/15/20.</p> <p>The resident's record lacked additional screenings to rule out COVID-19.</p> <p>7. On 9/17/20 at 10:01 AM, Staff A observed with goggles on and a face mask covering their mouth with the nose exposed. Staff A touched the mask to adjust on their face three times without completing hand hygiene.</p> <p>On 9/17/20 at 1:20 PM, seen Staff B, Housekeeping, observed standing at the nurses' station wearing goggles and a mask covering their mask with the nose exposed.</p> <p>On 9/17/20 at 3:30 PM, the Administrator stated the staff shouldn't touch their face mask, but it was difficult as they aren't comfortable. The staff should wash or sanitize their hands after touching their face. The Administrator said they would look into getting clipped hand sanitizers so the staff could clean their hands easier.</p>	F 880			